

**2nd ANNUAL NATIONAL FORUM ON DROPOUT PREVENTION STRATEGIES FOR
NATIVE AND TRIBAL COMMUNITIES**
Sheraton Crescent Hotel
Phoenix, AZ
April 18-21, 2010

Contact Person _____

Organization _____

Names for Name Tags _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

PUBLICITY INFORMATION

Please provide a 25-word description of the products and/or services being exhibited. This will be used in the Institute Program and in the Institute announcement page on the Center/Network web site. Organizations not completing this section will be listed by name only.

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NATIVE AND TRIBAL COMMUNITIES**

Enclosed is a check or purchase order for:

Corporate Rates: ____ \$375.00 Single Table ____ \$500.00 Double Table

Non/Profit/Government Rates ____ \$100.00 Single Table ____ \$150.00 Double Table

I agree to be an exhibitor for the 2nd Annual National Forum on Native Dropout Prevention Strategies. As an exhibitor, I will assume full responsibility and liability for losses, damages, and claims arising out of my activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims.

Signature _____ Date _____

Refunds for cancellations will be issued only with written notice received by April 3, 2010. A \$25.00 processing fee will be charged for any cancellations.

Make check payable to **Clemson University-National Forum on Native Dropout Prevention Strategies**, (Fed ID# 57-6000254) and send with form by March 29th to:

National Dropout Prevention Center
209 Martin Street
Clemson, SC 29631-1555